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Medical Lib.

THE RHODE ISLAND MEDICAL JOURNAL



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VOLUME X
No. 7.

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PROVIDENCE, R. I., JULY, 1927

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ORIGINAL ARTICLES

WEIGHT REDUCTION IN NERVOUS AND MENTAL DISEASES*

By WILLIAM NEWTON HUGHES, A.M., M.D.

PROVIDENCE, R. I.

Fat, though a tissue of much bulk, has an exceptionally poor blood supply. Its blood vessels are few and for the most part small. It is stored food to be utilized with the least destruction to other tissues of the body. It is a burden to most fat people, even if to lose it is a fad which is followed by many spasmodically just as they follow other fads. Simply by losing weight, so say paper and magazine articles, radio talks, insurance pamphlets, and government bulletins, which extol the svelte and curse the fat, it is possible to automatically acquire that better health which will give the best possible service over the longest possible period of time. Such publicity does much good and much harm, and perhaps what follows will help you better to appreciate the good and the harm of weight reduction.

There are many motives for losing weight. Chief among these are the desire for social approval or the desire to look well and to please, and the desire to regain that lost and mythical youth which consists of all the things done or thought to have been done at that time. A graceful figure to set off fine clothes and jewelry is naturally much desired and much to be desired, as is also the pep, ambition, and attractiveness which belonged to the thin but bygone days of youth. But it is not necessary for the fat person to "half-reason" in some such way before he starts to regain his sense of superiority and self respect through reducing weight, for there is a real and most important reason for weight reduction. It is embodied in the slogan, Better Health for the Best Service for the Longest Possible Period of Time.

*Read before the Rhode Island Society for Neurology and Psychiatry at The State Hospital for Mental Diseases, Howard, R. I., Feb. 14, 1927.

The betterment of the health in weight reduction occurs for the most part through the removal of functional handicaps of a physical or mental nature with a rise in the level of the general sense of well being, which is called by the French *cenesthesia*. The general sense of well being is thought to be due to streams of impulses from all the organs and tissues of the body. With the removal of functional handicaps the incoming, more normal and pleasing impulses raise the level of *cenesthesia*, which, according to Adler, is accompanied by a rise in the level of our superiority feeling. The level of *cenesthesia* and of our superiority feeling is raised through the removal of excess fat because every tissue of the body is allowed to function more normally. Heart, kidneys, liver, and pancreas do less work if the body weighs less and do not wear out as quickly. The heart secures more rest and can work more efficiently, when it does not have to sustain the burden of fat just as it does after the removal of an enormous fibroid. With a more efficient heart the circulation is improved throughout the body and every tissue is allowed to function more easily, for food, oxygen, and internal secretions are always available in the blood, and tissue waste products are quickly removed by the blood. Functional dyspnea will often speedily disappear with the removal of excess fat and the improvement in the circulation. The brain, which suffers most quickly if its blood supply is interfered with, will also improve markedly if its circulation is improved.

A proper posture with its incalculable benefits may be more easily maintained if there is not an excess of fat. Sagging arches of the feet and swollen ankles will then be allowed to return to normal, and with decrease in abdominal prominence will occur decreased lordosis.

With decrease in weight, the environment may be changed much more easily and this will bring many new stimuli to activity. Work, at times difficult to find for an obese person, may often be obtained. More sports and social activities may be enjoyed and enjoyed with something like the pep and enthusiasm of youth. With social approval

from loss of weight and from increased activities come increased self respect as well as self confidence in one's self control, for each pound of weight lost signifies a victory for self control.

Many diseases or symptoms are much relieved or entirely cured by weight reduction as a consideration of the following will show: Diabetes, indigestion, gall bladder disturbances, hypertension, arthritic conditions, heart troubles, menopausal symptoms, leucorrhea, menstrual pains, and chafing of the thighs. Tinnitus, which occurs in certain cases of hypertension, and depression of the menopause may often be strikingly relieved by weight reduction.

Education in regard to diet is not only of value in the process of reducing, but it also raises the level of cenesthesia through the use of a properly balanced diet. Often fat people eat many calories, but do not get sufficient vitamins and mineral salts in their diet. The teaching that a certain amount of protein, about 55 grams daily, is necessary to protect the heart muscle in dieting, and that a certain amount of carbohydrate is necessary to prevent acidosis aids in promoting health and longevity through making it much easier to get patients to take these foods during acute and chronic diseases with anorexia. The training in regard to what is and what is not constipation as well as what foods and measures are necessary to overcome it, will prove to be useful throughout the entire life of the individual. Weight reduction like so many other methods of treatment is re-education.

There are, of course, many disadvantages and dangers to weight reduction, especially if it is too rapid or is not controlled by a properly qualified physician. Most of the dangers are due to an insufficient caloric intake; to a poorly balanced diet; to the high protein diet used; and to the abrupt change in diet. A few of the symptoms noted in reducing are weakness, headache, anorexia, susceptibility to colds, chilliness with cold hands and feet, lack of pep and ambition, empty all-gone, gnawing feeling in the stomach region, increasing mental depression extending perhaps to exhaustion psychosis from undernutrition. Many other symptoms resembling those seen in the various types of psychoneuroses occur and are probably due to the low caloric diet, though in some cases they may be due to an ill balanced diet, for at

times the patient will not eat all the food ordered by the doctor, or will eat according to some diet scheme of his own without medical advice. With an insufficient caloric intake and with an ill balanced diet, the central nervous system is one of the first tissues to suffer, as tissues which are the most highly differentiated and the most recent in evolutionary development seem to suffer first under such circumstances. Even with gradual weight reduction a few minor symptoms are generally noted after four or five weeks of reducing. More serious symptoms, however, are not observed if the diet and the patient are properly controlled.

The high protein diet necessary in weight reduction is especially dangerous to those with kidney disease, arteriosclerosis, and hypertension, and since these diseases are more common in persons over 50 years of age, it is very necessary to proceed extremely cautiously in weight reduction in such people. These patients also do not stand undernutrition very well. Hemorrhages and thromboses may occur from poorly nourished blood vessel walls or from hypotension.

Rapid loss and gain of weight, which sometimes occur in spasmodic dieting, mean rapid destruction and construction of tissue. This double process may be too much for those over 50 years, since in weight reduction other tissues than fat are destroyed and reconstructed to a certain extent. Any sudden change in diet may also prove very dangerous as is well known in diabetes.

Patients without teeth, at all ages, need especial care during weight reduction. They are apt to take too high a carbohydrate and too low a protein diet, even when under a physician's care. Because of this, they must be frequently checked up and the necessity of a strict adherence to the diet repeatedly explained to them. They must stop reducing when they are 9 or 10 pounds overweight, as they tend to continue losing weight for a long time after their diet is stopped. Other patients at times, because of persistent anorexia, are unable to stop losing weight when this is advised. They need to be followed even after they have achieved the desired weight.

Obese people with long trunks and spines and large bony frame-works will suffer if they are not allowed to retain more weight than most other types of body physique. People under 30 years must also be allowed to weigh more than they

would if they were over 30. Ill-advised reduction in these cases will often result in many undesirable symptoms.

Activation of tuberculosis, goitre, latent syphilis, and latent neurosyphilis may be brought about through the tissue destruction which occurs in reducing. Such diseases should be ruled out before a reducing diet is started.

The dangers from the use of thyroid extract are well known and, without any other therapeutic indication than obesity, thyroid extract is not indicated in weight reduction.

Hypotension with the possibility of cerebral thromboses may occur during the reducing process especially in older patients and in those with little resistance.

With too rapid weight reduction in pregnant women abortions may occur, and in both men and women the vitality of the sex cells may be increased or decreased. Generally, however, pregnancies are more apt to occur in women who have reduced than in those who have remained fat.

Among the minor annoyances which occur in weight reduction are constipation, inability of the patient to buy new clothes, censure of the doctor for any acute disease which may develop, improper shoes, and remarks of neighbors in regard to wrinkles and the appearance of increased age. Constipation can be relieved by an abundance of fruits, fluids, and 5% vegetables. Unless a patient can afford to discard old clothes for new ones, it will be very difficult to get him to continue dieting, for his clothes will quickly become too large and look too queer. Alterations will prove useful, but they will not be sufficient if there is much weight reduction. The doctor and the treatment are blamed, of course, for any and every disease which may develop during or immediately after the reducing period. Men can easily be induced to wear correct shoes for walking during their treatment, but it is rather difficult to get some women to buy or to wear them. The remarks of neighbors can be anticipated and generally quickly overcome by suitable explanation.

A complete history and physical examination is indicated before weight reduction is started. At the beginning of, and frequently throughout the reducing course, the urine, the blood pressure, and the heart should be examined. The diet should be properly balanced and have an excess of protein.

Generally a high protein food is given three times a day, since at least 55 grams of protein daily is necessary, according to Allen, to prevent the utilization of heart-muscle-protein for food. During the first few days, a diet of 500 to 800 calories is given to allow the size of the stomach to decrease through increased tonus of its walls; then a diet of 1000 to 1500 calories is used. A diet of 1700 calories is advised one or two days each week. No hunger and essentially no symptoms from weight reduction occur with a properly balanced diet of 1200 calories or more. Fourteen hundred calories is considered the optimum number of calories in the reducing diet, but a lower caloric diet generally has to be given to outwit patients who eat more than the diet calls for. If weight reduction proceeds too rapidly with the lower caloric diets, higher caloric diets can be given. Weight reduction must be very gradual, one or two pounds a week with a rest on a maintenance diet for a few weeks after the loss of 15 to 20 pounds. There is plenty of time to lose weight after a start has been made. To make dieting easier, the patient can learn to consider all foods, especially sweet foods offered by friends, as a lump of fat to be carried around on his back, and not as a delicacy to be desired. Also by observing wealthy people who remain thin though they have enough money to buy any food that they may wish, he can learn that they have to possess and to use self control in diet just as he will have to do if there is any tendency to be fat. This observation may bring him great comfort even if it ought not to do so.

During the periods of lowest caloric intake, exercise of a strenuous nature is to be avoided as much as possible, but walking at least two miles daily is very beneficial and should be advised.

Weight reduction should cease when the patient is 5 or 6 pounds overweight, since anorexia often persists after dieting has been stopped. If he is without teeth, it would be better policy to stop the diet when he is 9 or 10 pounds overweight.

Weight reduction in nervous and mental conditions is of most value in raising the level of anesthesia through the removal of functional handicaps of a physical and mental nature, but it is also of much value as a psychotherapeutic aid. It is easy to cause a patient to lose weight; much easier than it would be to cause him to gain it. With success achieved in losing weight, the patient has

developed a certain amount of self control and of self confidence. When the doctor convinces him that he has these two virtues to some degree, it is possible to apply them to other problems than that of losing weight. Reducing also gives the patient something actual to do while his mental problems are being solved, and if he recovers, he can attribute his cure to weight reduction rather than to explanation and advice if that helps him in retaining his self respect and superiority feeling. Recovery in mental conditions, of course, may occur if he can again do the work for which his obesity disqualified him.

Weight reduction will aid in overcoming wrong ideas from which patients construct wrong diagnoses. Those, who without good reason fear or suspect ovarian or uterine tumors and pregnancy, may many times be convinced through weight reduction, when it would have been almost impossible to convince them otherwise, that their condition was due to a sudden increase of fat. Dyspnea and the patient's mistaken diagnosis, heart trouble; swollen ankles with the mistaken diagnosis, kidney trouble; leucorrhea and menses thought to be due to ovarian or womb trouble; indigestion thought to be due to ulcer, cancer, or gall bladder disease; hypertensive and menopausal symptoms thought to be due to insanity; various symptoms thought to be due to high blood pressure or what not, may all be made to disappear through the psychotherapeutic use of weight reduction. The depression of diabetes and of the menopause seem somewhat alleviated through weight reduction even without the studied use of psychotherapy.

The removal of social and economic barriers, raised by obesity, help to give renewed hope and ambition. The sense of achievement and the self control and the self confidence which occur in weight reduction are of great value in almost all nervous conditions. Even obese patients with encephalitis lethargica seem to become more active and happy when some of their surplus weight is removed.

Depression, neurasthenia, exhaustion psychosis, activated neuro-syphilis, and other serious results from uncontrolled weight reduction occur occasionally at the present time as problems to the practitioner in nervous and mental disease, but they will probably diminish as soon as patients learn that dieting is a measure to be initiated and controlled by physicians and not by themselves.

Summary

In nervous and mental diseases, weight reduction is of value through raising the level of the general sense of well being, the cenesthesia of the French. This occurs chiefly through the removal of functional handicaps of a physical or mental nature.

Weight reduction is a valuable psychotherapeutic aid in nervous and mental diseases, especially in phobias concerning disease. It should occur, however, very gradually over a long period of time.

Better physical and mental health which will give the best service over the longest possible period of time should follow all properly controlled weight reduction. There should be essentially no dangers if the diet and the patient are controlled by a conscientious physician.

GRADUATE MEDICAL WORK IN NEW YORK

In a pamphlet recently received, the opportunities for clinical study in postgraduate schools and hospitals of New York City have been set forth in elaborate detail. This pamphlet, prepared and issued by the Committee on Medical Education of the New York Academy of Medicine, shows which of the eighty-six hospitals in greater New York have general internships, those which have residencies in the specialties, and those which hold special clinics. Through this leaflet a physician can easily ascertain where to get such advanced medical instruction as he may desire. The map guides inserted in the pamphlet also will enable him readily to find any hospital in either New York or Brooklyn. In no other city in this country have the facilities for graduate instruction been so well organized, or the hospitals and clinics so carefully catalogued. The larger cities of this country, with their many well conducted hospitals and dispensaries, provide a great abundance of excellent clinical material which, if properly organized either through some such central committee or through university graduate medical schools, could be utilized in the higher education and training of physicians. Such organization for graduate medical instruction now constitutes one of the greatest needs in medical education in this country.—*Jour. A. M. A., August 14, 1926.*

THE RHODE ISLAND MEDICAL JOURNAL

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FREDERICK N. BROWN, M.D., *Editor*
309 Olney Street, Providence, R. I.

CREIGHTON W. SKELTON, M.D., *Business Manager*
166 Broad Street, Providence, R. I.

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Meets the first Thursday in September, December, March and June

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Meets the second Thursday in each month

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July and August

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R. I. Ophthalmological and Otological Society—2d Thursday—October, December, February, April and Annual at call of President
Dr. J. J. Gilbert President; Dr. M. J. O'Connor Secretary-Treasurer.

The R. I. Medico-Legal Society—Last Thursday—January, April, June and October. Dr. Creighton W. Skelton President; Dr. Jacob S. Kelley, Secretary-Treasurer.

EDITORIALS

MEDICAL ASPECTS OF THE VACATION SEASON

The effects of the vacation season upon public and private health merit more than passing thought. The hurry and bustle of our American life is vastly stressed, the need of recuperation and refreshment are well known as are their results. All agree that the out of door life, exercise, and rest are splendid reconstructive agencies and

that the more one may enjoy these the longer it may be before the grim reaper makes a note upon his cuff and the mortician's number plate U-2 is seen in front of your late residence. But are the classical two weeks enough and can the world's work go on were it four? Inquiry would seem to show that our economic structure is such that it is impossible, yet we know that two weeks are not enough and that there is a very considerable percentage of persons who are unable to have those things which make for the betterment of the physical life. Yet the matter should be urged and

a propaganda instituted leading to far more relaxation of industry during the heated season and modification of present conditions, leading to longer vacations. With the exodus to shore resorts come important sanitary problems which must be met. Many of these shore communities are of such rapid mushroom growth that they hardly fulfill the requirements of decency let alone sanitation. The preservation and transportation of food are of great importance and will require intensive effort on the part of those concerned. At no time of the year is the nature and quality of the advice of physicians to patients during the heated season of more importance. Both personal and professional advice should be given with the greatest care and positiveness. The season will bring its usual number of sudden deaths from over-exertion of those who put too much strain upon an already overburdened heart, of pneumonia in those who suddenly enter a life of exposure and hardship without sufficient clothing or physical preparation and many a doctor's bill will remain unpaid because of the unnecessary strain placed upon an already depleted purse by absurd tribute to style and fashion. It is a season in which the medical profession may well overhaul its methods that its instructions may be offered in the most presentable and acceptable form urging with greater earnestness than ever those sublime truths for which it has always been famous, the appropriation and adoption of which will bring a reward in the prevention of disease and death and in the acquisition of health that cannot be overvalued.

DR. McGRATH

Quite recently a movie actor was killed at Hollywood and the death return was falsified to cover up a murder. Within a few days a man was sentenced for killing a man whose wife he wanted for himself. The victim was supposed to have died from natural causes. After his death, the murderer and the wife of the murdered man began living together and some one talked. The man was accused of killing the husband of the woman and he confessed. The body was taken from its grave and a bullet wound was found. Such examples of attempted concealment of criminal acts are frequently reported, and one can only surmise how often attempts are successful.

Public welfare and public safety require that the exact and truthful cause of every death be recorded. If a physician wilfully or in ignorance wrongly reports a death really due to smallpox, or some other serious disease, he may be guilty of starting a serious outbreak. If a surgeon reports deaths of postoperative cases inaccurately his reputation and the good name of the hospital in which he works will ultimately suffer. Truthful causes of death, of course, can only be reported by skilful physicians, and the public is safe in such hands.

Of particular importance to public safety are correct death returns of persons dying by violence, or, dying suddenly whether in public places or in the home.

The recent report of the illness of Dr. McGrath, medical examiner of Suffolk County, Mass., calls to mind an example of a valuable public officer. Physicians in this part of the country know of his ability and the wonderful service he has rendered to the City of Boston. He is an excellent pathologist and wise in matters of medico-legal medicine. Through his hands pass all medico-legal death returns of his district, and the physicians who write them must satisfy him of their accuracy, for he is exacting in eliciting the truth. He, or his assistant, personally perform autopsies on all deaths occurring under suspicious circumstances.

The office of coroner is a very old institution. Until recent years it has been held by some layman, often a lawyer. He might be versed in the law but his information about causes of deaths must come from physicians, many of whom, even where they hold official positions, are incompetent. The office of coroner is being replaced by that of medical examiner. A medical examiner should be a physician who knows pathology, much about clinical medicine, and be versed in medico-legal matters. He needs be a highly trained man who devotes all his time to his duties. There should be a Dr. McGrath in every large city, county and state.

In our own state the need of a competent medical examiner is very great. His office should be free from politics and his authority should be unhampered by higher legal authorities. Our present medical examiners are not especially qualified for their duties, for they all are general practi-

tioners. Under present conditions if they think an autopsy should be performed they must consult the attorney general who is more than likely to refuse because of the expense. Rhode Island is a small state and one medical examiner could supervise, at least, all medico-legal matters within its borders. Why can't we have a Dr. McGrath?

BREVITY

Brevity is not only the soul of wit but it is the very essence of helpfulness in medical writing. In this regard we note with the greatest of satisfaction and heartily commend the custom of some medical journals, notably the J. A. M. A. for concluding many of its articles with a brief numbered synopsis of the subject matter offered. The literature of medicine is enormous, that of its subdivisions voluminous and this method should be urged and encouraged. Another great help to the studious reader is the assembling in a scrap book cuttings of matters which particularly interest him. Cards are a nuisance, they are easily misplaced or lost and cuttings can be removed and pasted in place in far less time than it takes to type or write a reference card. Even if references are not assembled under headings they may be easily classified in an index or marked with soft crayon which allows instant reference. We then have a digest of a digest, it is information reduced to its lowest terms and soon becomes invaluable. Did one begin such a system early in his scientific career it would be easy to see how much of that which is supposed to be new is really old and well supported by experimental evidence.

LETTERS RECEIVED

Doctor Frederick N. Brown
Rhode Island Medical Journal
106 Francis Street
Providence, Rhode Island
My dear Doctor Brown:

Would you mind stating in your publication that we should be glad to supply a copy of the "Pre-

liminary Report of the Commission on Medical Education" to any of your readers who may be interested in the general questions of medical education and practice? We should be glad to supply these copies without charge, and anyone desiring a copy of the report can obtain it by addressing

Commission on Medical Education
215 Whitney Avenue
New Haven, Connecticut.

Sincerely yours

W. C. RAPPEYE, M.D.

SOCIETIES

THE RHODE ISLAND MEDICAL SOCIETY COUNCIL

May 24, 1927

The annual meeting of the Council was held May 24, 1927, with Dr H. G. Partridge in the chair.

The Council voted unanimously to ratify the vote of the House of Delegates to pay the expenses of the delegates to the New England Medical Council.

The report of the treasurer. Dr. Jesse E. Mowry was presented and accepted.

It was voted to drop the following members for non-payment of dues: Dr. G. Senerchia, Dr. B. F. McDermott.

Dr. Halsey De Wolf, chairman of the Committee on Clinical Conferences, moved that inasmuch as the conferences will probably be discontinued the funds in the hands of the Committee be turned over to the Society to be held as a special fund for later disposition. It was so voted.

On motion of Dr. De Wolf, seconded by Dr. Mowry it was moved that the Librarian's salary be increased by \$3.00 per week. So voted.

Adjourned.

J. W. LEECH, *Secretary*

TREASURER'S ANNUAL REPORT, 1926

EXPENDITURES

Collations and Annual Dinner Expenses.....	\$741.63
Expenses of Secretary (Sec. hire).....	75.00
Stenographer at Meetings.....	20.00
Printing and Postage.....	153.48
Gas.....	40.51
Electricity.....	72.03
Fuel.....	417.50
Telephone.....	93.28
City Water.....	19.41
House Supplies and Expenses.....	330.31
House Repairs.....	802.52
Librarian.....	1,404.00
Janitor.....	600.00
Journals (Ely Fund).....	73.75
Books.....	57.00
Rhode Island Medical Journal.....	406.00
Safe Deposit.....	5.00
Treasurer's Bond.....	25.00
Delegate to American Medical Association....	100.00
Expenses Legislative Committee.....	45.24

Cash on Hand to Balance.....
\$5,481.66
2,175.73

\$7,657.39

1926.

Jan. 1. Chase Wiggin Fund
 By Indebtedness to Rhode
 Island Medical Society \$6,892.21
\$6,892.21

1926.

Jan. 1. H. G. Miller Fund
 By Indebtedness to Rhode
 Island Medical Society \$5,359.10
 Interest..... 250.00
\$5,609.10

1926.

Jan. 1. J. W. C. Ely Fund
 1 Bond So. California
 Edison Co. \$980.00
 Interest on same..... 50.00
 8 Shares Mechanics Nat.
 ional Bank Stock.... 480.00
 Interest on same..... 24.00
\$1,534.00

1926.

Jan. 1. Endowment Fund
 May 24. Sold Saline Electric Co.
 1st Mort. 6%..... \$2,000.00
 Accrued Interest March 1
 to May 25..... 28.00
\$2,028.00

May 24. Purchased Okla. Gas &
 Elec. 1st Mort. 5%... \$1,920.00
 Accrued interest on same
 Mar. 1 to May 25.... 23.33
 Balance from sale and
 purchase of bonds.... 84.67
\$2,028.00

2000 Okla Gas. & Elec
 Co. 1st Mort. 5%.... \$1,920.00
 Balance from sale and
 purchase of bonds.... 84.67
 Cash on hand..... 1,102.58
 Bank Interest..... 51.15
\$3,158.40

RECEIPTS

Cash on Hand January 1, 1926.....	\$2,197.22
Annual Dues.....	4,020.00
Donations.....	1,018.75
Ely Fund.....	74.00
Harris Fund.....	295.00
Interest on Daily Balance.....	52.42
	<u>\$7,657.39</u>

May 21, 1927.

Examined and found correct.

EMERY M. PORTER

JOSEPH C. O'CONNELL

1927.

Jan. 1. Chase Wiggin Fund
 To Loan Rhode Island
 Medical Society \$6,892.21
\$6,892.21

1927.

Jan. 1. H. G. Miller Fund
 To Loan Rhode Island
 Medical Society \$5,359.10
 Rent H. G. Miller Room. 250.00
\$5,609.10

1927.

Jan. 1. J. W. C. Ely Fund
 1 Bond So. California
 Edison Co. \$980.00
 8 Shares Mechanics Nat.
 Bank Stock 480.00
 Paid R. I. Medical So-
 ciety (For Journals).. 74.00
\$1,534.00

1927.

Jan. 1. Endowment Fund
 Cash on Hand..... \$1,238.40
 Oklahoma Gas & Electric
 Co. 1,920.00
\$3,158.40

1926.	
Jan. 1.	Printing Fund
	By Indebtedness to Rhode Island Medical Society
	\$1,677.52
	<u>\$1,677.52</u>
1926.	
Jan. 1.	E. M. Harris Fund
Oct. 5.	Sold Ohio Service Co. 1st Mort. 6%
	\$2,061.44
	Accrued Interest May 1 to Oct. 6th.....
	51.67
	<u>\$2,113.11</u>
Oct. 5.	Purchased Iowa Power & Lt. Co. 1st Mort. 5½%
	\$2,050.00
	Accrued Interest May 1 to Oct. 6.....
	47.36
	Balance from sale and purchase of bonds.....
	15.75
	<u>\$2,113.11</u>
	1000 Pacific Gas & Electric Co.
	\$1,000.00
	Interest on same.....
	60.00
	2000 Southern Illinois Light & Power Co....
	2,000.00
	Interest on same.....
	120.00
	2000 Iowa Power & Light Co.
	2,050.00
	Interest on same.....
	55.00
	Interest Ohio Service Co. Nov., 1925 to May, 1926
	30.00
	Balance from sale and purchase of bonds.....
	15.75
	<u>\$5,330.75</u>

1927.	
Jan. 1.	Printing Fund
	To Loan Rhode Island Medical Society
	\$1,677.52
	<u>\$1,677.52</u>
Jan. 1.	E. M. Harris Fund
	1000 Pacific Gas & Elec. Co.
	\$1,000.00
	2000 So. Illinois Light & Power Co.
	2,000.00
	2000 Iowa Power & Light Co.
	2,050.00
	Paid Rhode Island Medical Society for Repairs on Building
	280.75
	<u>\$5,330.75</u>

May 21, 1927

Examined and found correct.

EMERY M. PORTER
JOSEPH C. O'CONNELL

HOUSE OF DELEGATES

May 24, 1927

The annual meeting of the House of Delegates was called to order May 24, 1927, at 5 P. M. by the President, Dr. H. G. Partridge.

The minutes of a special meeting were read by the Secretary and adopted.

The election of officers for the year 1927-28 followed with the following result:

President, Dr. Norman MacLeod, Newport; First Vice President, Dr. A. H. Harrington; Second Vice President, Dr. Frank T. Fulton; Treasurer, Dr. Jesse E. Mowry; Secretary, Dr. J. W. Leech.

Committee on Arrangements—Dr. Guy W. Wells, Dr. Wilfred Pickles, Dr. Isaac Gerber, Treasurer *ex off.*

Committee on Legislation—Dr. H. E. Harris.

State and National—Dr. C. H. Holt, Dr. C. F. Gormly, President and Secretary *ex officio.*

Committee on Library—Dr. J. G. Walsh, Dr. J. A. Mack, Natick; Dr. J. E. Donley.

Committee on Publication—Dr. F. N. Brown, Dr. C. W. Skelton, Dr. Alexander C. Sanford, Newport; President and Secretary *ex officio.*

Committee on Education—Dr. E. H. Wing, Dr. R. M. Lord, Dr. Edward V. Murphy, Newport; President and Secretary *ex officio.*

Committee on Necrology—Dr. Stanley Sprague, Dr. W. P. Davis, Dr. T. F. McLaughlin, Woonsocket.

Curator—Dr. C. D. Sawyer.

Auditor for 2 years—Dr. G. W. Barden.

Delegate to A. M. A. for 2 years—Dr. Roland Hammond.

Alternate delegate to A. M. A., 2 years—Dr. P. Williams.

The report of the Council was read by the Secretary and the recommendations contained therein were adopted.

The following annual reports were presented.

Annual Report of the Secretary
1926-1927

I submit herewith the annual report of the Secretary upon the state and activities of the Rhode Island Medical Society for the year 1926-1927.

The House of Delegates has held its regular and one special meeting during the year and the Council met in November to consider the budget.

The Society held its September meeting at the State Hospital for Mental Diseases as the guests of The State Public Welfare Commission. The December and March meetings were held at the Medical Library and attendance attested the excellent character of the programs offered.

The membership roll of the Society to date comprises: Active members, 420; non-resident, 27; honorary, 8. This shows a gain of 14 over the active membership of the preceding year.

The Committee on Necrology will present memorial upon deceased members at the annual meeting and therefore this report will confine itself to a statement of the loss which the Society has suffered by deaths among its Fellows this year: Dr. F. G. Phillips July 25, 1926, Dr. G. T. Spicer July 26, 1926, Dr. F. L. Day September 21, 1926, Dr. F. I. Payne January 2, 1927, Dr. Jacob C. Rutherford February 15, 1927, Dr. Jas. A. King April 22, 1927, Dr. Geo. P. Bertholet April 21, 1926.

The Clinical Conferences initiated during the previous administration have been continued during this year with certain modifications.

Delegates from the Society to the New England Conference of Medical Societies attended the Boston Conference in February. This association bids fair to be a source of great helpfulness in solving some of the problems common and peculiar to medical practice in New England.

The question of state medical societies defending its members in malpractice suits is occupying the attention of a considerable proportion of physicians throughout the country and I would urge the desirability of the Delegates and Fellows seriously considering this subject as to its practicability in this Society.

In closing I wish to pay my respects to the interest and activities of the officers, members of the House of Delegates, Council and Committees in prosecuting the work of the Society the past year.

Respectfully submitted

J. W. LEECH, M.D., *Secretary*

HOUSE OF DELEGATES

Report of the Chairman of the Board of Trustees
May 24, 1927

During the year following repairs have been made: The main hallway and lavatories have been painted. Other necessary minor repairs have been made: reburnishing lighting fixtures, rebronzing radiators and repairing plastering. The above work was done by W. J. Crawley.

By order of the City, portions of the sidewalk on Francis and Hayes Streets were repaired under contract with the United States Concrete & Roofing Company.

Several medical and welfare organizations, as authorized by the Trustees, have held meetings to the number of 14 in the Library Building.

The walls of the Medical Library have been enriched by the hanging thereon of the portrait of Dr. Charles V. Chapin.

ARTHUR H. HARRINGTON

Report of the Chairman of the Committee of Arrangements

The Committee on Arrangements of the Rhode Island Medical Society reports that collations were provided at the December and March meetings of the Society. Our September meeting was held at the State Hospital for the Insane at Howard by invitation of Dr. A. H. Harrington.

Lunch will be served at the Library on the day of our annual meeting June 2nd, 1927, and plans for the banquet that evening are progressing satisfactorily.

ELIOT A. SHAW, *Chairman*

Report of the Legislative Committee for 1927

As the 1927 Rhode Island Legislature convened it was very evident that little legislation would be passed unless for political expediency. Accordingly the Legislative Committee of this body decided to strengthen itself by co-operating with the State Board of Health and not as in former years fight its battles for medical welfare bills alone. In fact our attorneys advised this method of procedure.

Meetings of the Committee were held at various times by itself and with the President and Secretary of the State Board of Health, at which times medical measures before the Legislature were considered and passed upon.

Dr. Richards of the State Board of Health and Dr. Hamlin, a member of the Senate Judiciary Committee, were our lobbyists and both worked incessantly and vigorously for all health measures that would tend to make our Commonwealth a safer, cleaner and healthier State in which to reside.

As during the past 12 years, the chiropractors were on hand in larger and more powerful numbers than ever before. The complexion of the House and Senate had been materially changed by the preceding election. The many new members proved fertile fields for chiropractic propaganda.

Finally at the closing hours of the last night, after Senate Bill No. 94, Substitute A, licensing chiropractors to practice, introduced by Mr. Whitehouse of Newport, was passed, and when it was evident that some chiropractic regulation must be put on the statute books—Senate Bill No. 136 was introduced by Dr. Hamlin and passed. This latter bill was very stringent and would have allowed chiropractors to practice only after passing practically the same examinations as those taken by regular medical men and demanded practically the same high standard requirements for admission.

The former bill was signed by the Governor last and this automatically repealed everything inconsistent in Acts already passed.

At present:

Chiropractic Act. Practitioners of chiropractics furnishing satisfactory evidence to the Board of Examiners in Chiropractic of having been in practice for a period of seven years as their sole occupation are to be granted certificates. Chiropractors having been in practice five years continuously and as their sole occupation must present evidence of graduation from a chiropractic college recognized by the Examining Board of Chiropractic. The Board of Examiners in Chiropractic have authority to pass upon the standing of chiropractic colleges, and graduates coming up for examination must submit to the necessary rules and regulations of the Chiropractic Board which have not as yet been adopted.

A new bill for the osteopaths was adopted. This Act allows the holder of a certificate of osteopathy to practice the same as medical physicians, with the exception of major surgery, and also provides that if an osteopath after having passed a satisfactory examination can present evidence that

he has served one year's internship in an accredited hospital he will be on the same status as a medical practitioner.

Finally our own Medical Practice Act was strengthened. This amended law makes changes as follows: requires American citizenship or intention; more fully defines the practice of medicine; raises the penalty and allows this Board to suspend, as well as revoke, licenses.

Thus our representatives are today flattering themselves and relieving their consciences with the fact that the regular medical practitioners, the osteopaths and the chiropractors have all been recognized and yet properly restricted.

The Workmen's Compensation Act so far as it affects the medical profession stands unchanged although there was an attempt made to alter this.

House Bill 604 passed—RESOLUTION Making an Appropriation to Carry Out the Purposes of Chapter 618 of the Public Laws passed at the January Session 1925, Entitled "An Act Providing for the Acceptance of an Act of Congress, Entitled an Act for the Promotion of the Welfare and Hygiene of Maternity and Infancy and for other Purposes and Making an Appropriation Therefor."

House Bill 902—Passed—"Of the State Board of Health" defining the duties of its members and designating its Secretary, Commissioner of Public Health.

House Bill 809—Passed—entitled "Of the Powers of, and of Suits by and against, Towns."

It allows towns and cities to appropriate money for child welfare work.

Also certain towns were granted small appropriations for district nursing.

Thus it will be seen that little medical legislation resulted outside of the amendments and bills regulating medical practice.

Respectfully submitted

HERBERT E. HARRIS

CHARLES H. HOLT

CHARLES F. GORMLEY

Report of Committee on Library

May, 1927

House of Delegates

R. I. Medical Society:

I have the honor to submit the following report.

During the past year we received from the estate of Dr. Frank L. Day 304 bound volumes and many unbound journals.

From the Misses Collins 18 bound volumes from the library of the late Dr. George L. Collins.

From Mrs. Frank I. Payne of Westerly a surgery published in London in 1763, given to us in accordance with the wish of the late Dr. Payne.

Books added during the year: Gifts 402, purchased 7, bound 120.

The binding was paid for by money voted for that purpose by the Providence Medical Association. A new bookcase has been installed in the reading room.

The books from Dr. Day's library include a Nelson's Loose Leaf Medicine. In view of the small number of new books which can be purchased by our very limited funds it would seem wise to keep up the subscription for the current leaves and your committee so recommends.

Respectfully submitted

C. S. WESTCOTT, *Chairman*
Committee on Library

Report—Committee on Publication

May, 1927

Mr. President and Gentlemen:

I beg to submit herewith the yearly report of the Publication Committee of the Rhode Island Medical Journal. There have been no appreciable departures from the usual executive activities in the past year, the one outstanding feature was the dedication of the March number to our honored colleague, Dr. Charles V. Chapin, the echoes of which are still heard in the lay and medical literature of the world.

We have been, thanks to the unflagging zeal of our business manager, possibly more prosperous than in the preceding year, the net income exceeding our expenditures by nearly \$300.00.

Of the literary administration, there are three potent factors that enter the problem of the publication of this JOURNAL.

They are that of editorials, of papers read before the Society presumably for publication, and the reviewing of books. I must speak frankly, Mr. President, but I speak without offence, in what seems to be an annual complaint. Of the first, the attitude of indifference of some (not all) of our associates is a matter of some concern and often embarrassment. This is one of the difficulties of trying to conduct a business enterprise upon a

non-business principle; as for the attitude, it is not easily understood.

Of the second I would call attention to that portion of the by-laws of our Society that states that all papers read before it are the property of the Society. Too often, however, the paper does not find its way either into the Secretary's hands or of the Editor's; not only does the JOURNAL lose a valuable contribution but its readers lose what might be an edifying or helpful article.

Books for review are invariably sent to those especially qualified to speak or write upon the given subjects and these books are considered the property of the Society; it would hardly be accepted in any community as justice for the book to be accepted and not re-appear or be returned, or to the publishers if the review was not forthcoming, but both of these delinquencies have happened; this is most regrettable inasmuch as the quality of the books presented for review are in direct proportion to the courtesy extended to them; therefore the library faces a loss and the publishers a needless offence.

Finally it might be said that it would be most difficult to raise the general standard of the RHODE ISLAND MEDICAL JOURNAL without the whole-hearted co-operation of the individual members of the Society.

Tabloid financial report attached.

Respectfully submitted

FREDERICK N. BROWN
Chairman

Financial Report 1926 R. I. Medical Journal

May 17, 1927

Receipts	\$4,241.15
Expenses	3,943.42
Net income	\$297.73
Balance in Bank Jan. 1, 1927.....	\$895.31

C. W. SKELTON, M.D.
Business Manager

Report of the Committee on Education

May, 1927

This committee has arranged for 19 radio talks which were given from Station WJAR. The Outlet Company representatives have been very obliging in co-operating with us. We attempted to

choose subjects, the discussion of which would help to educate the public in personal hygiene. We also had in mind the importance of increasing the public knowledge of modern medicine and what the doctor is doing and trying to do. We tried to avoid giving details of the treatment of disease, and instead emphasized the methods of prevention. We believe that this means of popularizing medical facts is well worth while.

Another function of the Educational Committee should be the spreading of knowledge among the members of the medical profession of the state. We have considered the advisability of from time to time sending out in letter form short statements on current problems, written by some physician who is qualified to write on that subject. The American Medical Association furnishes information as to what other state societies are doing along these lines.

We take this occasion to thank in the name of the Rhode Island Medical Society the men who have given the excellent health talks this year.

The following is the list of the radio talks given.

	1926
The Health Department Dr. Charles V. Chapin	Oct. 29
First Aid Dr. John F. Kenney	Nov. 4
What the Health Department Does Dr. Eugene P. King	Nov. 12
Abdominal Pain Dr. F. A. Asserson	Nov. 19
Prenatal Care Dr. I. H. Noyes	Nov. 26
Common Colds Dr. F. B. Sargent	Dec. 3
Periodic Health Examination Dr. J. L. Wheaton	Dec. 17
	1927
Headache and Headache Powders Dr. C. S. Westcott	Jan. 7
Tuberculosis in Children Dr. John I. Pinckney	Jan. 14
Cancer Dr. Edward L. Myers	Jan. 21
Poisons Dr. Carl D. Sawyer	Feb. 4
Patent Medicines Dr. Frederick N. Brown	Feb. 11
Sunlight Dr. Maurice Adelman	Feb. 25
School Child Dr. Charles B. Lewis	March 4
The Baby's Food Dr. William H. Jordan	March 11
The Prevention of Heart Disease Dr. Guy W. Wells	March 18
Constipation Dr. C. C. Dustin	March 25

Diphtheria Immunization	April 1
Dr. Joseph Smith	
Adult Tuberculosis	April 8
Dr. H. L. Barnes	

Respectfully submitted

WM. P. BUFFUM, *Chairman*

Report of the Committee on Necrology

May, 1927

The following members of the Rhode Island Medical Society have died during the past year:

Dr. Geo. P. Bertholet, April 21, 1926
Dr. Frederick G. Phillips, July 25, 1926
Dr. Geo. T. Spicer, July 26, 1926
Dr. Frank L. Day, Sept. 21, 1926
Dr. Frank I. Payne, Jan. 22, 1927
Dr. Jacob C. Rutherford, Feb. 15, 1927
Dr. James A. King, April 22, 1927

Respectfully

PETER P. CHASE, *Chairman*

The Doctor Walter Reed Memorial Fund Committee Report

The members of the committee appointed by President Dr. Herbert G. Partridge were: Dr. Arthur T. Jones, chairman; Dr. F. Fulton, Dr. C. D. Sawyer, Dr. C. L. Philips, Dr. F. B. Sargent, Dr. H. L. Johnson, Dr. W. F. Flanagan, Dr. W. C. Gordon, Dr. M. B. Milan, Dr. R. C. Robinson.

A meeting of the committee was called for 5 P. M. February 21. Present, Drs. Jones, Gordon, Fulton, Milan.

Dr. Carl D. Sawyer was elected Secretary-Treasurer.

It was voted to send a letter to each member of the Society asking for a contribution of \$1.00 from each member who was disposed to contribute. Also that an announcement be made at the next meeting of the Rhode Island Medical Society, also the Providence Medical Society asking any members present who wished to contribute to do so at that meeting.

A letter was formulated which was sent to each member of the Society asking for a contribution of \$1.00 from each member who was disposed to contribute. In response to this letter the Treasurer has in the bank on deposit after paying the expense of printing and mailing \$117.44. This amount will be turned over to the Central Committee in due time.

A communication from the Central Committee stated that they were to meet in Washington during the A. M. A. meeting and that this committee would be informed of what took place and of the plans for future work.

ARTHUR T. JONES, *Chairman*

Committee on Clinical Conferences

May, 1927

The Clinical Conferences held during the fall season, namely from October until January, were fairly well attended, though not so well as in the previous year. The highest number present at a clinic was 25, as against the highest number of the previous year, namely 39. The average number for the clinics held in 1926-27 was 5.5, as against 11.9 in 1925.26.

Whereas the showing last year was somewhat encouraging, indicating that the general medical profession of the state took interest, this year the personnel of those attending the clinics was largely composed of members of the hospital staffs, and very little of physicians not connected with the hospitals.

The clinics, as a rule, were of the highest order, and invariably gave much of value to the listeners. In many instances, the clinicians had prepared for many days ahead, gone to much trouble to collect clinical material, and in several cases, considerable personal expense.

To all these men, this Committee is most grateful, and feels convinced that, where attendance may have been poor, those present received ample return for the time spent, and moreover that the clinicians themselves profited by their efforts.

In view of these facts your Committee feels it has been definitely shown the present method of conducting Clinics is not successful. One purpose, however, has been attained in that the medical men of the state must realize that the clinical facilities of the various hospitals were thrown open for their instruction and benefit, had they cared to take advantage of the opportunity offered.

Your Committee believes that some good also has been accomplished by presenting this considerable number of well conducted clinics to even the relatively small group which attended.

Suggestion is made that, having shown that the method used in presenting the clinics was not attractive enough to insure a considerable attendance, some other method of holding clinics in the

future may be advisable. Possibly a clinic week could be selected at some favorable time in the year, during which the most eligible men in the several hospitals might hold clinics with special emphasis on subject matter, especially that which is new and unfamiliar.

Your Committee now respectfully requests that it be discharged.

Signed

HALSEY DE WOLF

Report of Committee on the Chapin Testimonial

The Committee appointed by the President of the Rhode Island Medical Society to offer a suitable testimonial in honor of Dr. Charles V. Chapin, begs to report that after due deliberation and consideration it was decided to have a portrait of Dr. Chapin painted by William C. Loring and to show honor to Dr. Chapin by having this portrait presented to the Medical Society to be hung permanently on its walls and to have an address delivered by a well known man of science, who would best appreciate his great work in public health matters.

At such a meeting held on the evening of January 17, 1927, at the Medical Library the President of the Society, Dr. H. G. Partridge, introduced Dr. John M. Peters, Chairman of the Committee to unveil the portrait, which was accepted in behalf of the Society by Dr. Partridge, who then introduced as master of ceremonies, Dr. G. Alder Blumer, who, with his usual wit, wisdom and eloquence expressed the feelings of the members of the Society of their appreciation of Dr. Chapin and later introduced the speaker of the evening, Dr. George E. Vincent of the Rockefeller Foundation.

Dr. Vincent's remarkable address will never be forgotten by those fortunate enough to be present and expressed in words what many of us have felt and appreciated in Dr. Chapin as a man and as a public health officer and which we have never had a chance to express to him personally.

The friendly greetings offered to Dr. Chapin after the exercises and the good fellowship shown by all closed a very unusual evening in the history of the Rhode Island Medical Society.

Respectfully submitted,

DR. J. E. MOWRY

DR. J. C. O'CONNELL

DR. C. W. SKELTON

DR. J. M. PETERS

The New England Medical Council

May, 1927

At the suggestion of Dr. D. L. Parker, President of the New Hampshire Medical Society, there was held in Boston in November last, a meeting of representatives of all the state medical societies of New England, looking to the formation of an ex parte committee which should consider various matters of interest common to all the states. The plan was based upon the New England Conference of Governors, the thought being that the New England states were a group by themselves, with like problems and like thoughts, and that a discussion of these problems by men from the different states one with another might be of much value.

The plan has been endorsed by each medical society, including our own, as you know, and the organization has been completed with Dr. Parker as President, Dr. W. P. Bowers of Boston as Secretary, and an Executive Committee composed of Drs. Parker, Bowers and Partridge. The name adopted is The New England Medical Council. There are five delegates from each Society, including in each case the President and Secretary of the Society. From our Society the delegates in addition to the President and Secretary are Drs. Frank T. Fulton, Frederick N. Brown and Lucius C. Kingman.

It is not intended that the Council shall act in any executive capacity, but shall rather be an advisory board, and a common meeting place for the thoughts of men who come from all parts of New England.

It is planned to hold two or three meetings each year, and at each of them to discuss some question of interest to all. The delegates will then report to their respective societies the results of the conference.

A meeting was held in Boston in January last, at which the subject of insurance against suits for malpractice was considered, and it was voted that it was the sense of the Council that the primary move in each state is the formation of a proper committee to handle the medical defense work against malpractice, and that the Council recommend a form of medical defense similar to that now in operation in the State of Maine.

The next meeting of the Council is to be held in Boston on June 9th, at which time the subjects

for consideration are Medical Education, and the Distribution of Physicians.

H. G. PARTRIDGE

May 24, 1927

On motion of Dr. Mowry, seconded by Dr. De Wolf, it was voted to fix the annual dues for the ensuing year at \$10.00.

An invitation from the Trustees of the Rhode Island Hospital inviting the Rhode Island Medical Society to hold its meeting at the Crawford Allen Memorial Hospital, East Greenwich, R. I., September 1, 1927, was unanimously accepted with thanks.

A communication from the Bureau of Legal Medicine and Legislation of the American Medical Association relative to the amendment of changes and rulings in the National Prohibition Act and the Harrison Narcotic Act was read by the Secretary and it was voted that the Secretary be instructed to answer the same.

Adjourned.

J. W. LEECH, *Secretary*

ANNUAL MEETING

The 116th Annual Meeting of the Rhode Island Medical Society was held at the Medical Library, Thursday, June 2, 1927.

The morning session was called to order at 10:30 A. M. by the President, Dr. Herbert G. Partridge.

The minutes of the March meeting, of the annual meetings of the Council, and the House of Delegates were read by the Secretary.

As delegates from the Massachusetts Medical Society, Dr. W. L. Breed, Boston, and Dr. Reginald Fitz, Boston, were introduced by the chair.

Dr. Wm. Holt, Portland, Me., brought the greetings of the Maine Medical Association as delegate.

Dr. Eric Stone, Secretary of the Fiske Fund, made the annual report of the Fund. No essays were submitted for 1926-27, therefore, no award could be made. The subject for the essay for 1927-28 was announced to be "The Diagnosis, Etiology and Pathology of Epidemic Encephalitis." For the best essay on this subject a prize of \$250.00 will be awarded.

Dr. Peter P. Chase, chairman of the Committee on Necrology presented obituaries upon deceased members.

The report of the Delegate to the American Medical Association, Dr. Hammond, upon the activities of the National House of Delegates was presented.

The following papers were then presented:

1. "Prenatal Problems," illustrated by moving pictures, Dr. Paul Appleton, Providence, R. I. Discussion by Drs. I. H. Noyes, Fritz Talbot, Boston, and W. L. Breed, Boston.

2. "Hyperesthetic Rhinitis," Dr. Francis B. Sargent, Providence, R. I. Discussion by Dr. F. M. Adams.

3. "The Ketogenic Diet in the Treatment of Epilepsy in Children," Dr. Fritz B. Talbot, Boston, Clinical Professor of Pediatrics, Harvard Medical School. Discussion by Drs. H. G. Calder, Reginald Fitz, Boston, and E. H. Wing. Luncheon was served in the Medical Library Building at 1:45 P. M.

The afternoon session was called to order at 2:30 P. M. by the President. The following papers were presented:

1. "Dentistry as the Medical Profession Sees It," Ernest S. Calder, D.D.S., Providence. Discussion by Drs. J. W. Leech and J. E. Donley.

2. "Observations on Blood Pressure," Dr. Wm. E. Preble, Boston. Discussion by Drs. C. S. Westcott, Frank Cummings and J. J. Walsh, New York.

3. "Some Important Problems on Injuries of Bones and Joints in the Upper Extremity," Dr. T. Turner Thomas, Philadelphia, Associate Professor Applied Anatomy, University of Pennsylvania. Illustrated by lantern slides. Discussion by Dr. Roland Hammond.

4. "What the Mind Does to the Body," Dr. James J. Walsh, New York, Professor of Physiological Psychology, Cathedral College, New York. Discussion by Dr. W. E. Preble, Boston, and Dr. Kelly.

The annual address of the President was delivered by Dr. H. G. Partridge.

The newly-elected President, Dr. Norman McLeod of Newport, R. I., was then inducted into office. After a brief speech of acceptance, Dr. MacLeod adjourned the meeting to re-assemble at the Providence Biltmore Hotel for the annual banquet at which Dr. Lucius C. Kingman presided as Annual Chairman, and introduced Prof. George

Pierce Baker, Director of the University Theatre, and Professor of the Drama, Yale University, whose subject was "Forty Years of the American Theatre—A Retrospect."

Adjourned.

J. W. LEECH, *Secretary*

PROVIDENCE MEDICAL ASSOCIATION

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. Henry J. Hoye, Monday evening, May 2, 1927, at 9:05 P. M.

The reading of the records of the last meeting were omitted.

Dr. Alex M. Burgess reported two cases of pneumonia treated with serum with apparently immediate crises. The first was type 2, a 35-year old man and the second, a seven-month pregnant woman. X-ray of this case showed consolidation appearing after the crises.

Dr. Wilfred Pickles showed a case of suture of the musculo-spiral nerve with good function.

The paper of the evening on acute Intestinal Obstruction was read by Dr. George A. Moore of Brockton, Mass. This is still an unsolved problem as proven by the statistics which still show a tremendous death rate.

Dr. Moore presented the clinical point of view discussing different types and giving illustrative cases. He felt that the problem of diagnosis was largely on the shoulders of the general practitioner who sees first 90% of these cases, many of these being far advanced because of the ignorance of the laity. In treatment the combating of dehydration was emphasized and the use of saline and glucose and at times lavage of the stomach before operation. Local anesthesia is ideal when it can be used. He also discussed many details of operative treatment. Dr. Richard H. Miller of the Massachusetts General Hospital opened with an admirable discussion emphasizing especially promptness and expedition in operating. The paper was also discussed by Drs. Cooke, Jones, McKenna, Houghton and Moore.

The meeting adjourned at 11:05 P. M. Attendance 61. Collation was served.

Respectfully submitted

PETER PINEO CHASE
Secretary

The regular monthly meeting of the Providence Medical Association was called to order by the President, Dr. Henry J. Hoye, Monday evening, June 6, 1927, at 8:55 P. M. The minutes of the last meeting were read and approved.

The Standing Committee having approved the applications for membership of the following. Howard F. Keefe, Frank W. Dimmitt they were elected.

The paper of the evening was read by Dr. Jerome M. Lynch, Professor of Intestinal and Rectal Surgery, New York Polyclinic Medical School and Hospital on "Surgery versus Radium in Carcinoma of the Rectum."

The accessibility of these sites should make diagnosis easy but cases average nine months before discovery.

After short remarks on the cause and frequency of cancer, he showed slides illustrating the development of tumors, specimens, location and diagram of removal. Patients may live for three to five years without other treatment than colostomy; this should be remembered in considering the result of radio-therapy. He considers the surgical treatment far superior in results and radiation may cause great pain.

The discussion was opened by Dr. John W. Keefe. He stressed the importance of rectal examination. The discussion was also taken part in by Drs. Cooke, Jones, Chase and Lynch.

J. H. Schriever, Sc.D., spoke on the manufacture of diphtheria anti-toxin and showed an interesting series of moving pictures illustrating this and other similar processes.

Dr. Parnell E. Fisher read an obituary on Dr. Jacob Chase Rutherford. It was voted that this be spread on the records and a copy sent to the family.

The meeting adjourned at 10:50 P. M. Attendance 80. Collation was served.

Respectfully submitted

PETER PINEO CHASE

Secretary

PAWTUCKET MEDICAL ASSOCIATION

The May meeting of the Pawtucket Medical Association was held on May 19, 1927, at the Pawtucket Golf Club House.

The speaker of the evening was Dr. Herbert E.

Harris of Providence. His subject was "Pagets and Allied Bone Diseases."

Following discussion of paper a collation was served.

LESTER J. GILROY, M.D.

Secretary

The April meeting of the Pawtucket Medical Association was held at the Jack-o-Lantern, 33 Summer Street, Pawtucket, on April 21, 1927.

Dr. J. L. Wheaton submitted the report of the Banquet Committee, which was approved.

The speaker of the evening was Dr. Roy Blosser of Providence. Subject: "Common Skin Diseases and Treatment."

A vote of thanks was given Dr. Blosser for his paper.

Under new business, Dr. J. L. Wheaton stated that the Association had been offered the use of the Pawtucket Golf Club House for their monthly meetings. It was voted that if the Standing Committee offered no objection the Association would hold the next two meetings at the Golf Club House.

Meeting adjourned and collation served.

LESTER J. GILROY, M.D.

Secretary

The Washington County Medical Society quarterly meeting was held at the Elm Tree Inn, Westerly, Wednesday morning, April 13, 1927, with sixteen present.

Following routine business: a paper on "Interpretation of Bladder Symptoms in Women" was presented by Dr. Ira H. Noyes, of Providence.

Adjourned and dined,

W. A. HILLARD, M.D.

Secretary

OBITUARY

DR. JACOB CHASE RUTHERFORD

Dr. Jacob Chase Rutherford died suddenly in Providence, February 14, 1927.

He was born in Derby Line, Vermont, on January 29, 1857. His father, Dr. Joseph Rutherford, served for three years as surgeon during the Civil War, and practiced his profession for many years thereafter in Newport, Vt., until he retired owing to the infirmities due to old age.

Dr. Rutherford attended the Medical School of the University of Vermont and during his entire course served as assistant to Professor Darling, a noted anatomist of that time. He graduated in 1882 and began practice in Burlington. He associated himself at once with the Mary Fletcher Hospital in Burlington, serving on the surgical and gynecological staff. During his stay in Burlington he was surgeon-general of the State of Vermont under Governor Carrol S. Page. In 1887 he went to London and worked eight months in St. Thomas Hospital doing most of his work in gynecology.

He was married in 1887 to Polly Ballou, daughter of the late Daniel Ballou, who survives him. He decided to remove to Providence in 1893. He practiced here doing general work with a larger amount of surgery and gynecology. For many years he served as examiner and expert witness for the railroad interests of the State.

He retired from active practice in 1921 and removed to Wakefield, R. I., where he lived until his death.

He was President of the Providence Medical Association in 1910. He was on the consulting staff of the Rhode Island Hospital and after his removal to Wakefield became much interested in South County Hospital. When he was not on the active staff he was prevailed upon to accept the position of Chairman of the Staff Association. He was a member of the Rhode Island Medical Society, Providence Medical Association and the American Medical Association. He was a member of the Loyal Legion and a 32d degree Mason. Dr. Rutherford was a very genial character and leaves behind him many devoted friends and patients.

PARNELL E. FISHER, M.D.

JAY PERKINS, M.D.

PEARL WILLIAMS, M.D.

BOOK REVIEWS

METHODS IN SURGERY

By Copher

C. V. Mosby Co., St. Louis, Publishers

This book deals quite exhaustively with hospital routine, giving considerable attention to history taking, physical examination and X-ray routines.

The book covers the special phase of surgery, more particularly routine of genito-urinary, neuro-surgical and gynecological cases.

There is one chapter devoted to surgical ward routine, another chapter covering briefly but concisely operating room routine. Also a chapter captioned "Suggestions for Special Conditions and Diseases," under which heading, treatment of shock, helpful aids in the diagnosis and treatment of acute surgical abdominal diseases, goiter, empyema, etc., are all covered well. In this chapter are mentioned the most important signs and procedures to aid one in arriving at a diagnosis. Special diets as well as routine diets for a surgical ward or hospital are listed in a helpful manner.

The book impresses one as of distinct value in bringing to mind many points which give greater aid to better diagnosis and treatment.

THE THERAPY OF PUERPERAL FEVER

Privatdozent—Dr. Koehler—Vienna

American Edition by

Hugo Ehrenfest, M.D., F. A. C. S.

Published by C. V. Mosby, St. Louis

In a book of 250 pages Dr. Koehler has given a most careful and thorough review of the present status of treatment of puerperal fever.

In this short space he has covered the entire field of procedures which have been tried in an effort to combat this most baffling and highly fatal condition.

His discussion of both operative and non-operative measures shows common sense and is strictly non-partial, although his attitude toward benefits to be obtained from any method of treatment is quite pessimistic.

His chapter on chemo-therapy is especially interesting to anyone who has ever used any of the variously recommended chemical dyes, antiseptics or combinations for intravenous infusions.

A complete history, literature and critique is given, although in his closing remarks the author finds very little of real value in any of the substances so far tried.

On the whole the book serves an excellent purpose in summarizing what has been done in the therapy of puerperal fever up to the present time.